



# Missouri Public Service Commission Inspection Request Work Order

Please fill the form out completely and legibly.

HOMEOWNER INFORMATION		OFFICE USE ONLY	
Name		Inspector	
Address		Date Received	
City/State/Zip		Date Closed	
Work Phone	Home Phone	<b>HOME INFORMATION</b>	
<b>MANUFACTURER INFORMATION</b>		Serial Number	
Name		HUD Label Number	
Address		Date of Manufacture	
City/State/Zip		Date of Sale	
<b>DEALER INFORMATION</b>			
Name		Phone	
Address			
City/State/Zip			
<b>INSTALLER INFORMATION</b>			
Name		Phone	Installer Number
Address			
City/State/Zip			
Items Corrected From The Inspection Report		Comments	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
Signature of Dealer:			Date:
Signature of Homeowner (REQUIRED):			Date:
<b>RETURN TO:</b>			
Manufactured Housing & Modular Unit Program P.O. Box 360, Jefferson City, MO 65102		<b>PHONE:</b> 800-819-3180 <b>FAX:</b> 573-522-2509	